Within corporate limits

06600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) MARYLAND Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 426 Columbia St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS 426 (If rural, give location) Columbia St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Catherine	Balduin	July	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec. 31, 1857	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Own Home	Cumberland Maryland	U.S.A.

13. FATHER'S NAME: George Mertz

14. MOTHER'S MAIDEN NAME: Mary Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs Mary Grimm 426 Columbia St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart disease	4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	5 yrs.
	(c)	

420.0 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr 28, 1951, to July 8, 1951, that I last saw the deceased alive on Apr 28, 1951, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W. Trewhitt, Jr. M.D.		Cumberland	Md. 7/9/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 10 1951	St Peter & Paul	Cumberland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10, 1951	Walter R. Lantz, M.D.	Louis Stein, Inc.	Cumberland Md.

RECEIVED
JUL 17 1951
BUREAU W. S.

Film G135 Item 18 9-7-51 ams.

~~10990~~ 06601

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Corriganville — LENGTH OF STAY (this place): 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Corriganville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Henry Orlando Barncord
4. DATE OF DEATH (Month) (Day) (Year): July 26 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 5 1869
9. AGE last birthday: 81 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY: C+P RR.
11. BIRTHPLACE (State or foreign country): Corriganville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Henry Barncord
14. MOTHER'S MAIDEN NAME: Catherine Gary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-10-4956
17. INFORMANT AND ADDRESS: William Carl Barncord, Corriganville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — Days

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Congestion — 48 hrs.

93d (c) Myocardial failure — Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (d) Arteriosclerosis (9-7-51 - ams)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1 1951, to July 6 1951, that I last saw the deceased alive on June 5 1951, and that death occurred at 11 P.M. m., from the causes and on the date stated above.
SIGNATURE: [signature] (Degree or title) ADDRESS: [illegible] DATE SIGNED: July 5

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 28 1951 — NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.
DATE REC'D BY LOCAL REG.: July 27 51 — REGISTRAR'S SIGNATURE: J. Lloyd Wolfe
24. FUNERAL DIRECTOR: Harvey H. Zeigler — ADDRESS: Hyndman, Pa.

365579

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 2 1951
BUREAU V. S.

DR. BROADRUP

06602

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBRLAND — LENGTH OF STAY (in this place) 3HRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location) 1107 LEXINGTON AVE.

3. NAME OF DECEASED (Type or Print)	(First) BABY	(Middle) GIRL	(Last) BEESECK	4. DATE OF DEATH	(Month) JULY	(Day) 12	(Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JULY 12, 1951	9. AGE last birthday yrs.	If under 1 year Months / Days	If under 24 hrs. Hours 3 / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) MARYLAND, Cumberland	12. CITIZEN OF WHAT COUNTRY? USA.				
13. FATHER'S NAME JAMES E. BEESECK	14. MOTHER'S MAIDEN NAME HAZEL A. ULLERY						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL CUMB. MD.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature infant — 3 hours

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Weight 3 pounds 2 ounces

159 (c) Pregnancy 7 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. placenta Previa

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 8:10 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. T. Broadrup MD		Cumberland Md	July 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/13/51	Rose Hill Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 13, 1951	Winter R. Avantz, M.D.	James F. Scarpelli	Cumberland, Md.

207121 254281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 17 1961
BUREAU W. SS.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

06603

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Allegany · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md · COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland · LENGTH OF STAY (in this place): about 25 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital	STREET ADDRESS (If rural, give location): 404 Goethe St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eleanor		Bosley		July	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Unknown	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter S. Hyde	Unknown Josephine Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Allegany Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive cardiovascular disease	6 mo
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronal arteriosclerosis	3 yrs
1310	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 23, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 10:20 p. m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones	M. D.	110 S. Centre St.	July 28, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 1, 1951	Allegany County Memorial Park Cemetery	Westernport	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 1, 1951	Walter K. Bauby, M.D.	John J. Hafey	Cumberland, Md.

VS. A15

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AUG 8 1951
BUREAU V. S.

1

Within corporate limits MALLINAN

06604

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/6

1. PLACE OF DEATH: COUNTY ALLEGANY CUMBERLAND MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 34 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 215 ARCH STREET

3. NAME OF DECEASED (Type or Print) (First) GILBERT (Middle) I. (Last) BRANT

4. DATE OF DEATH (Month) JULY (Day) 17 (Year) 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY 23, 1891
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KELLY TIRE COMPANY
10b. KIND OF BUSINESS OR INDUSTRY Curing Room Employee
11. BIRTHPLACE (State or foreign country) PENNA.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME JOSIAH BRANT
14. MOTHER'S MAIDEN NAME AMANDA DETRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-0119
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis	7 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma recto-sigmoid junction,	
	(c) Cachexia	

154X
46d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION 1/11/51
19b. MAJOR FINDINGS OF OPERATION Inoperable carcinoma recto-sigmoid junction
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14/51 19 51 to 7/17/51, 19 51, that I last saw the deceased alive on 7/17, 1951, and that death occurred at 5:35 A m., from the causes and on the date stated above.

SIGNATURE James P. Hallinan (Degree or title) M.D. ADDRESS 300 Decatur St. Cumberland, Md. DATE SIGNED 7/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/20/1951
NAME OF CEMETERY OR CREMATORY Hillcrest cemetery
LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REG. July 17, 1951
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Harvey H. Teigler ADDRESS Hyndman, Pa.

620478

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JUL 24 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V2-A15

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mc Coole; LENGTH OF STAY (in this place) 4 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Howard St; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mc Coole, Md. COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) McCoole; STREET ADDRESS Howard St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) (Last) Burgess

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2/21/1897

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Burgess

14. MOTHER'S MAIDEN NAME: Christinia Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Edgar Biser-McCoole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma right breast	2 years
170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metatesis	4 mos.
50	(c) Toxemia	1 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 19 50, to July, 19 51 that I last saw the deceased alive on July 18, 19 51, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Westernport, Md. DATE SIGNED 7/25/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7/26/51; NAME OF CEMETERY OR CREMATORY Burgess Cemetery; LOCATION (City, town, or county) Laurel-Dale, W.Va. (State)

DATE REC'D BY LOCAL REG. July 26, 1951; REGISTRAR'S SIGNATURE Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: Ellsworth S. Boal, Westernport, Md. ADDRESS

RECEIVED
1951
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt I La Vale

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Cumberland
STREET ADDRESS (If rural, give location) Rt I La Vale

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Jane (Last) Burkhart

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 5 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Henry Clay
14. MOTHER'S MAIDEN NAME Lucy Heckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Jas. H Burkhart, La Vale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — Interval Between Onset and Death 3 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Failure — 3 Days

(c) Hypertensive C.V. Disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Unk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 27, 1951, that I last saw the deceased alive on 26 July 1951 and that death occurred at 10 45 p.m., from the causes and on the date stated above.

SIGNATURE W. T. Rees (Degree or title) MD ADDRESS 404 Decatur St DATE SIGNED 27 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 29, 51
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) Cumberland, (State) Md.

DATE REC'D BY LOCAL REG. July 29, 1951
REGISTRAR'S SIGNATURE Winter R. Frantz, MD
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 31 1951
BUREAU V. S

Within ... Limit

Richard Williams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 226 Emily St.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Burnworth
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Oct. 4, 1871
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Cumberland Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Weisenmiller
14. MOTHER'S MAIDEN NAME: Mary Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Earl F. Wolfe, 130 Polk St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage
331X Antecedent cause(s) (b) Arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) + Hypertension

INTERVAL BETWEEN ONSET AND DEATH: 12 days not known

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/20/51, 19....., to 7/11/51, 19....., that I last saw the deceased alive on 7/11/51, 19....., and that death occurred at 6 10 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Cumberland, Md — DATE SIGNED: 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 14, 1951
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county): Cumberland, (State) Md.

DATE REC'D BY LOCAL REG.: July 13, 1951
REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR: John J. Hafer, Cumberland, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 19[illegible]
[illegible] U. S.

Dr. Mirkin
Item 21 Film G135 8-10-51 w.w.
Item 8 Film G135 8-10-51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH — COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND — LENGTH OF STAY (in this place): 131 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROUTE # 6, BOWLING GREEN
STREET ADDRESS (If rural, give location): Near CUMBERLAND, MARYLAND

3. NAME OF DECEASED (Type or Print): (First) ORRA (Middle) C. (Last) CHAPMAN
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 6 1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Dr. Kirkwade Taylor
14. MOTHER'S MAIDEN NAME: Lois Rannells
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure due to arteriosclerotic Heart Disease — 3 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized & cerebral arteriosclerosis — 8-10 yrs.

(c) Fracture left femoral neck — 4 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): Acc. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 8-12-51 m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? Fell out of bed. (8-10-51 ams)

22. I hereby certify that I attended the deceased from Mar 13, 1951, to July 22, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 8:06 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. J. Mirkin M.D. — ADDRESS: 115 So Centre St, Cumberland — DATE SIGNED: 7-23-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 25th 1951 — NAME OF CEMETERY OR CREMATORY: Mt. Hebron Cemetery — LOCATION (City, town, or county): Winchester, Virginia (State)
DATE REC'D BY LOCAL REG.: July 23, 1951 — REGISTRAR'S SIGNATURE: Winter R. Hartz, M.D. — 24. FUNERAL DIRECTOR: Charles L. George, Cumberland, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 31 1951
BUREAU V. M.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

96009

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cumberland
STREET ADDRESS (If rural, give location) R.F.D#3 Frantz Town

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. (Last) Clark
4. DATE OF DEATH (Month) July (Day) 10 (Year) 1951
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept.23-1900
9. AGE last birthday 50 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman for the Potomac Edison Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cumberland,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Clark
14. MOTHER'S MAIDEN NAME Fannie Cookerly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-10-9386
17. INFORMANT AND ADDRESS Memorial Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Electrical burns, both lower limbs & feet	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left hand & forearm. Hand & feet charred and tissue devitalized.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY electric line on an pole
(CITY OR TOWN) Clearville (COUNTY) Bedford (STATE) Pa.
TIME OF INJURY (Month) July (Day) 9/51 (Year) 2.40 P. m.
INJURY OCCURRED While at work * Not while at work ☐
HOW DID INJURY OCCUR? Installing transformer, took hold of live wire by mistake

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident * suicide , homicide , undetermined .*

SIGNATURE H.V.Deming M.D. (Degree or title) H. V. Deming M.D. ADDRESS Cumberland,Md. DATE SIGNED July 10-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 12, 1951
NAME OF CEMETERY OR CREMATORY Greenmount Cem.
LOCATION (City, town, or county) Cumberland, Maryland (State)
DATE REC'D BY LOCAL REG. July 11, 1951
REGISTRAR'S SIGNATURE Winter A. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
JUL 13 1951
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06610

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 32 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY HAMPSHIRE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AUGUSTA, W.VA.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LLOYD (Middle) VERNON (Last) CLEM

4. DATE OF DEATH (Month) JULY (Day) 13 (Year) 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH MAY 5 1935
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILLIAM CLARENCE CLEM
14. MOTHER'S MAIDEN NAME NORA MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MEMINGITIS DUE TO BRAIN ABSCESS FROM	2DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) A 22 CALIBER RIFLE BULLET IN BRAIN.	32 DAYS
	(c)	

919.1

19 W

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION JUNE 11 1951
19b. MAJOR FINDINGS OF OPERATION PUNCTURE WOUND LEFT PARIETAL AND FRONTAL BRAIN Tissue destroid. & Bone
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. X
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY FARM
(CITY OR TOWN) NEAR AUGUSTA (COUNTY) HAMPSHIRE (STATE) W.VA.
TIME OF INJURY (Month) (Day) (Year) (Hour) JUNE 11 1951
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? OUT HUNTING ACCIDENTALY SHOT FORE HEAD

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X suicide , homicide , undetermined .*

SIGNATURE H. E. DEMMING M.D. (Degree or title) H. E. Demming M.D. ADDRESS CUMBERLAND, MD. DATE SIGNED JULY 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/16/51
NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.
LOCATION (City, town, or county) Augusta, W. Va. (State)

DATE REC'D BY LOCAL REG. July 14, 1951
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 17 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(2)11

CERTIFICATE OF DEATH

Reg. Dist. No. 8

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing; LENGTH OF STAY (In this place): 36Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dudley St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing; STREET ADDRESS (If rural, give location): Dudley St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marion	E	Connor	July	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Sept. 14 1892	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	wn Home	Lonaconing MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas T. McKinnon	Marion Mackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No No	None	Robert Connor Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized carcinomatosis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Sigmoid Colon	1 mo
	(c)	

153X 46e 260K

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1943, to July 17, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Hilda Hurst Walter M.D.	Frostburg Md	7/19/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 19, 1951	Frostburg Memorial Park.	Frostburg MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 20 1951	Jennette M Beal	M. Eichhorn	Lonaconing MD.

VS. A15

RECEIVED
JUL 25 1951
BUREAU V. S.

White or [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(M) 12

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Co Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H (Last) Davis

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 23 1866

9. AGE last birthday: 85 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Canal Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wm H Davis Rockville, Ind.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary occlusion	5 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)	Coronary sclerosis	10 yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1946, to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 10 45 p m, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur F. Jones M. D. 110 S. Centre St. July 17, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 18, 51

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem

LOCATION (City, town or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: July 18, 1951

REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Exs

ADDRESS: Cumberland Md

VS. A5

RECEIVED
JUL 20 1931
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 76 yrs; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Cumberland, Rural; STREET ADDRESS (If rural, give location) Route 3, Valley Road
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital	

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Fred	Hill	DeMoss	July	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5/22/1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer	Labor	Cumberland Md	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles DeMoss	Lavinia Simpkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	H. C. DeMoss Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	11 weeks
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b	(b) Coronary sclerosis	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/22, 1951, to 7/1, 1951, that I last saw the deceased alive on 7/1, 1951, and that death occurred at 12:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[illegible] M.D.	Cumberland Md	7/1/51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/3/51	Rose Hill Cemetery	Cumberland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3, 1951	Walter K. Beatty, M.D.	William H. Wright	Cumberland Md

VS. A13

RECE
JUL 10
BUREAU

Within corporate limits DR. TOPPER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00014

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY CUMBERLAND, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENN. BEDFORD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEDFORD, Rural
STREET ADDRESS (If rural, give location) ROUTE # 2

3. NAME OF DECEASED (Type or Print) (First) EVELYN (Middle) M. DIXON

4. DATE OF DEATH (Month) JULY (Day) 9 (Year) 1951

5. SEX FEMALE

6. COLOR OR RACE COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH MARCH 23, 1933

9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) PA.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME EARLIE DIXON

14. MOTHER'S MAIDEN NAME ANNA M. DUNCAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cardio-Renal Disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a (c)

INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 4:18 A.m., from the causes and on the date stated above.

SIGNATURE John A Topper (Degree or title) MD ADDRESS Hyndman Pa DATE SIGNED July 9 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/11/51 NAME OF CEMETERY OR ~~CREMATORY~~ Mt Ross Cemetery LOCATION (City, town, or county) Bedford twp. (State) Pa.

DATE REC'D BY LOCAL REG. July 9, 1951 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Geisel ADDRESS Bedford, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

DR. R. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
CUMBERLAND MARYLAND
LENGTH OF STAY (In this place): 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 792 FAYETTE ST.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) Flagg (Last) DOWLING

4. DATE OF DEATH: (Month) JULY (Day) 10 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 18 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ROBERT S. EICHELBERGER

14. MOTHER'S MAIDEN NAME: FLORENCE FLAGG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Myocarditis — Interval Between Onset and Death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): Cumberland Allegany Md

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 6/20/51, 19....., to 7/10/51, 19....., that I last saw the deceased alive on 7/10/51, 19..... and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: [illegible] Cumberland Md DATE SIGNED: 7/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/12/51

NAME OF CEMETERY OR CREMATORY: Hillcrest Cem

LOCATION (City, town, or county): Cumberland

(State): Md

DATE REC'D BY LOCAL REG.: July 12, 1951

REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc

ADDRESS: Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL - 17 - 1951
BUREAU W. SS.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS-41

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Cumberland Rural; LENGTH OF STAY (in this place) 35 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Side Blvd Ext

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Cumberland, Rural; STREET ADDRESS (If rural, give location) Park Side Blvd, Rt #1

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Frances (Last) Everline

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 30, 1904

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home work

11. BIRTHPLACE (State or foreign country): Everett Pa

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Scott Barnett

14. MOTHER'S MAIDEN NAME: Jane Skonder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Harold Everline Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1' Immediate cause (a) cancer of the breast with metastases to liver and bones — Interval Between Onset and Death: 5 yrs

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 22, 1946

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast, Involved lymphatics

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946 to July 23, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth Bruce, M.D. (Degree or title) ADDRESS: 55 Greene St. Cumberland Md. DATE SIGNED: 7/24/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/25/51

NAME OF CEMETERY OR CREMATORY: Greenmount Cem

LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: July 25, 1951

REGISTRAR'S SIGNATURE: Hunter K. Kautz M.D.

24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland Md

RECEIVED
JUL 31 1951
BUREAU V. I

Mu[illegible]e or City Limits

06917

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cumberland
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D #2 Williams Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cumberland
STREET ADDRESS (If rural, give location) R.F.D#2 Williams Road.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Isabelle (Last) Ferguson

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1951

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Feb.22-1864
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Newark, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME -- Harmon
14. MOTHER'S MAIDEN NAME Mary ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS rural, near Cumberland, Md. (daughter) Mrs. Earl Snider, R.F.D#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized arteriosclerosis	?
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident , suicide , homicide , undetermined .*

SIGNATURE H.V.Deming M.D. (Degree or title) H. V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED July 3-1951

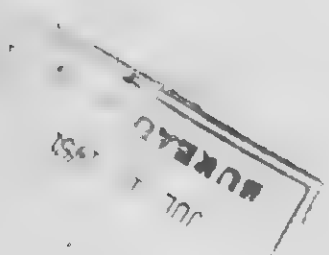
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 5, 1951
NAME OF CEMETERY OR CREMATORY Silver Brook Ceme.
LOCATION (City, town, or county) (State) Wilmington, Delaware

DATE REC'D BY LOCAL REG. July 5, 1951
REGISTRAR'S SIGNATURE Winter K. Frantz M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contact is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Rupert; LENGTH OF STAY (in this place) U.S.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Poplar St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; STREET ADDRESS (If rural, give location) Poplar St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) Foley

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 17, 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: B&O R.R.

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Foley

14. MOTHER'S MAIDEN NAME: Nora Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. 1

16. SOCIAL SECURITY NO.: 217-05-0273

17. INFORMANT AND ADDRESS: Mrs. Mary Foley, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 19 51, to July 13, 19 51, that I last saw the deceased alive on July 13, 19 51, and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE: Dan'l A. Allnutt Jr. (Degree or title) ADDRESS: Lakemont Md. DATE SIGNED: July 14 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 16, 1951; NAME OF CEMETERY OR CREMATORY: Philos Cem.; LOCATION (City, town, or county) (State): Westernport Md.

DATE REC'D BY LOCAL REG.: July 16, 1951; REGISTRAR'S SIGNATURE: Mrs. Jos. C. Kelly

24. FUNERAL DIRECTOR: E.S. Boal; ADDRESS: 111 Chruch St. Westernport, Md.

VS. A-7

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RECEIVED
JUL 1951
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oldtown — LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box 61

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Oldtown
STREET ADDRESS (If rural, give location): Box 61

3. NAME OF DECEASED (Type or Print) (First) Millard (Middle) (Last) Fowler

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 2, 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Wickliffe, Ky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Fowler

14. MOTHER'S MAIDEN NAME: Julia Russo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 400-28-0989

17. INFORMANT AND ADDRESS: Mrs. Evelyn Piper, Box 61, Oldtown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage intra cranial	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ch-Myocarditis	2-5 yrs
	(c) Emphysema	5-10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14, 1951, to 7-21, 1951, that I last saw the deceased alive on 7-21-51, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE: J. S. Armstrong (Degree or title) — ADDRESS: M.D. Parr Park. N. Y. — DATE SIGNED: 7-30-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 31, 1951 — NAME OF CEMETERY OR CREMATORY: Oldtown Cemetery — LOCATION (City, town, or county): Oldtown (State): Md

DATE REC'D BY LOCAL REG.: July 31-1951 — REGISTRAR'S SIGNATURE: Mrs. Sue C. Gineven — 24. FUNERAL DIRECTOR: John J. Hefer, Cumberland, Md. — ADDRESS

RECEIVED
AUG 22 1953
BUREAU W. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 205 Laing Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 205 Laing Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) J (Last) Friend

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 16 1881
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Terra Alta W Va
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Albert E Engle
14. MOTHER'S MAIDEN NAME: Hannah Feathers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Grace Inc Cusker. Cumbd Ind

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 4 yrs

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on Arrival, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE: Clay E. Durrett — (Degree or title) M.D. — ADDRESS: Cumberland — DATE SIGNED: 7/6/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 8 51 — NAME OF CEMETERY OR CREMATORY: Steeles Cem. — LOCATION (City, town, or county): Friendsville, (State) Ind.

DATE REC'D BY LOCAL REG.: July 7, 1951 — REGISTRAR'S SIGNATURE: Walter R. Hantz, M.D. — 24. FUNERAL DIRECTOR: Louis Stein Inc — ADDRESS: Cumberland Ind.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS-A15

E.I.V.
JUL 10 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage; STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H. (Last) Gallagher

4. DATE OF DEATH: (Month) 7- (Day) 19 (Year) 19 5[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: 4-24-1872

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Iron Moulder

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick Gallagher

14. MOTHER'S MAIDEN NAME: Adelaide Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. John Gallagher Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
416K	Immediate cause	(a) Mitral Stenosis	10 years.
7x1	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchitis asthma	20 years or longer.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 10:45A m., from the causes and on the date stated above.

SIGNATURE: William E. Mosley (Degree or title) M.D. ADDRESS: Mt Savage Md. DATE SIGNED: July 20-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7-21-1951; NAME OF CEMETERY OR CREMATORY: St. Patricks Cem.; LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG.: July 20, 1951; REGISTRAR'S SIGNATURE: Veronica M. Fennell

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

VS. A15

RECEIVED
JUL 23 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06622

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 5

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rawlings
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac river near Rawlings

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Rawlings
STREET ADDRESS (If rural, give location) R. D. #3 Rawlings, Md.

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Harrison (Last) Gordon

4. DATE OF DEATH (Month) July (Day) 14, (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3/17/1890
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman
10b. KIND OF BUSINESS OR INDUSTRY B. & O. Rwy.
11. BIRTHPLACE (State or foreign country) Rawlings, Md.
12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME Ulysses G. Gordon
14. MOTHER'S MAIDEN NAME Bessis Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Marion Gordon Rawlings Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to drowning	5 min.
850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Either fell or was pushed from boat into Potomac river near Rawlings, Md.	
172	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ., accident X, suicide , homicide , undetermined .*

SIGNATURE H. V. Deming MD (Degree or title) ADDRESS H. V. Deming M.D. 240 N. Centre St., DATE SIGNED 7-14-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/17/51
NAME OF CEMETERY OR CREMATORY Biertown Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. July 17, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
JUL 1951
BUREAU V. S.

DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

F 323

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 12 SMITH STREET

3. NAME OF DECEASED (Type or Print): (First) Baby; (Middle) Boy; (Last) Guido
4. DATE OF DEATH: (Month) JULY; (Day) 11; (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JULY 8, 1951
9. AGE Last birthday: yrs. | If under 1 year: Months | Days 3 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: VINCENT S. GUIDO
14. MOTHER'S MAIDEN NAME: MARGARET PENDERGAST
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atresia Rectum (Congenital)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Mesenteric Thrombosis
(c)

756.1
1579

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11 July 51
19b. MAJOR FINDINGS OF OPERATION: Congenital atresia rectum
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 11 July 1951, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Julian B. Whitworth M.D., 2 Baltimore St. Cumb. Md. 11 July 51

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF: July 13, 1951
NAME OF CEMETERY OR CREMATORY: St. Patrick's Cemetery
LOCATION (City, town, or county): Cumberland (State): Md

DATE REC'D BY LOCAL REG.: July 13, 1951
REGISTRAR'S SIGNATURE: Hunter L. Hantz, M.D.
24. FUNERAL DIRECTOR: John J. Hafer, Cumberland, Md. ADDRESS

VS. A15

RECEIVED
17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

M

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing — LENGTH OF STAY (in this place) 39yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson St.	STREET ADDRESS (If rural, give location) Jackson St.

3. NAME OF DECEASED (Type or Print)	(First) Lottie	(Middle)	(Last) Hadley	4. DATE OF DEATH	(Month) July	(Day) 11.	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH April 27. 1871	9. AGE last birthday 80 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cumberland Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Jacob Brown	14. MOTHER'S MAIDEN NAME Helena Hobbell						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. None	17. INFORMANT Mrs. William Keating					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral thrombosis	2 wks
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	years
95c	(c)	Chronic Heart Disease.	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to 11 July, 1951, that I last saw the deceased alive on 11 July, 1951, and that death occurred at 9 20 AM EST. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John B. Davis, MD		Frostburg, Md	7/12/51.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13. 1951	Oak Hill Cemetery	Lonaconing Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 13 1951	Jannette M Boal	M. Eichhorn	Lonaconing MD.

RECEIVED
JUL 23 1954
BUREAU V. S.

DR. ENFIELD

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY HAMPSHIRE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL SPRINGFIELD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) Homer (Last) HAINES
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 7/12/1888
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN HELPER
10b. KIND OF BUSINESS OR INDUSTRY Kopper's Tie Plant
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME GEORGE HAINES
14. MOTHER'S MAIDEN NAME MARTHA MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 236-12-8735
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,

Immediate cause (a) Carcinoma of Prostat & rectum

154 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

6d

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma

19a. DATE OF OPERATION 7/11/87
19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum & prostat
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1957 to July 13 1951, that I last saw the deceased alive on July 13 1957, and that death occurred at 1288 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. C. Enfield ADDRESS Cumberland DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 16/51
NAME OF CEMETERY OR CREMATORY Hill Cemetery
LOCATION (City, town, or county) Springfield (State) W Va

DATE REC'D BY LOCAL REG. July 15, 1951
REGISTRAR'S SIGNATURE Winter R. Frantz M.D.
24. FUNERAL DIRECTOR Ralph Guthrie ADDRESS Springfield W Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
JUL 24 1951
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 414

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) Rt. 2, Williams Road

3. NAME OF DECEASED (Type or Print) (First) Virshel (Middle) Jack (Last) Hampton
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 3, 1912
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Henderson, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Hampton
14. MOTHER'S MAIDEN NAME Connie Brackett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 250-16-9904
17. INFORMANT AND ADDRESS Mrs. Era M. Hampton, Rt. 2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Pancarditis — INTERVAL BETWEEN ONSET AND DEATH 4 weeks

401.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic arthritis — 4 weeks

58a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 25, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 7:46 A m., from the causes and on the date stated above.

SIGNATURE B. M. Schindler (Degree or title) M.D. ADDRESS 41 Greenleaf Cumberland, Md. DATE SIGNED 7/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 27, 1951
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) Cumberland, (State) Md.

DATE REC'D BY LOCAL REG. July 27, 1951
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR [illegible] Cumberland, ADDRESS 24d

RECEIVED
JUL 31 1958
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06627

CERTIFICATE OF DEATH

Reg. Diat. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; ... is especially important. Physicians: please write the causes of death clearly and correct age

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Allegany

City or town: Frostburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred: Miners Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: ~~Allegany~~ Garrett

City or town: Accident

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Baby Boy Hare

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): July 5 1951

8. AGE: Years ... Months ... Days: 3 ... If less than one day: ... hrs. ... min.

9. Birthplace: Frostburg Allegany Md (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER — 12. Name: Earl Hare

13. Birthplace: Garrett Co

MOTHER — 14. Maiden name: Anna Fazenbaker

15. Birthplace: Garrett County

16. Informant: Mrs Earl Hare

Address: accident Md

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: July 8 51 (month) (day) (year)

Cemetery or crematory: Bethesda Cem.

Location: Grantsville R.D

18. Funeral director: Wm Winterberg

Address: Grantsville, Md.

19. 7-9 1951 (Date rec'd by registrar) Mrs. Nancy N. Roe Registrar

2-176-43-7332

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1951 at 8 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/5 1951 to 7/8 1951 and that I last saw h... alive on 7/8 1951

Immediate cause of death: Prematurity — 3 days

Due to: 776X

Due to: 759

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of

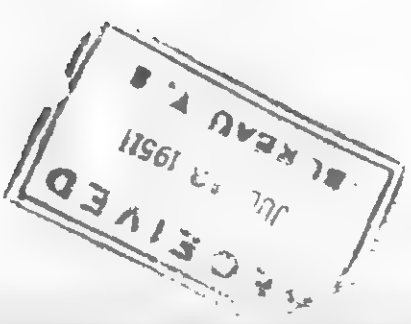
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ... Injured at work?

23. SIGNATURE: Hilda Pearl Walker M.D. M. D. or other

Address: 48 Broadway Frostburg Date signed: 7/8/51



RECEIVED
JUL 13 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (In this place) 36 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET ADDRESS (If rural, give location) R.F.D.#6 Narrows Park

3. NAME OF DECEASED (Type or Print) (First) Ida	(Middle) Gerthrude	(Last) Hartsock	4. DATE OF DEATH (Month) July (Day) 8 (Year) 1951	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH March 2-1877	9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Flintstone Creek, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Abraham Ash		14. MOTHER'S MAIDEN NAME Marion Virginia Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs C.M.Mallow, Narrows Park, Md.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intertrochanteric fracture of left femur.	4 days
also had	(c) cardio-vascular-renal disease	15 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home	rural (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) July (Day) 4/51 (Hour) about 3 P. m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Fell off of porch. Hand slipped off railing&

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident *, suicide , homicide , undetermined .*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D.	H.V. Deming MD	Cumberland, Md.	July 9-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 10, 1951	NAME OF CEMETERY OR CREMATORY Hillcrest Park	LOCATION (City, town, or county) Cumberland, (State) Md.
DATE REC'D BY LOCAL REG July 9, 1951	REGISTRAR'S SIGNATURE Winter R Frantz, M.D.	24. FUNERAL DIRECTOR John J. Hafer,	ADDRESS Cumberland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 13 1951
BUREAU V. S.

Within corporate [illegible] from Dr. [illegible] 7-19-51 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 912 Gephart Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 912 Gephart Drive

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) [illegible] (Last) Hudson
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1951
5. SEX [illegible]
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 29, 1897
9. AGE last birthday 53 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Imperial Ice Cream
10b. KIND OF BUSINESS OR INDUSTRY Div.
11. BIRTHPLACE (State or foreign country) Rawlings, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lynn Hudson Hutson
14. MOTHER'S MAIDEN NAME Margaret Hudson Hutson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-05-4219
17. INFORMANT AND ADDRESS wife) Sarah Jane Breathed Hudson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Epidural hematoma due to a fractured	about 10 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Skull, from a fall.	
	(c)	

965.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY at home driveway (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) about 10 (Hour) July 7/51 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Supposed to have fallen down steep driveway & hit head on curb.

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident *, suicide, homicide, undetermined.*

SIGNATURE H.V. Deming M.D. (Degree or title) H. V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED July 9-1951

23. BURIAL, CREMATION (REMOVAL, Specify) Burial DATE THEREOF July 10, 1951 NAME OF CEMETERY OR CREMATORY Rawlings Cemetery LOCATION (City, town, or county) Rawlings Maryland

DATE REC'D BY LOCAL REG. July 10, 1951 REGISTRAR'S SIGNATURE Winter K. Frantz, M.D. 24. FUNERAL DIRECTOR H. Wayne Geo. ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cresaptown
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mc Mullen Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cresaptown
STREET ADDRESS (If rural, give location): Mc Mullen Highway

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Isabelle (Last) Kammauf

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 25, 1894

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Petrold Md.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Henry Alexander

14. MOTHER'S MAIDEN NAME: Louisa J. Mc Kenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: James Kammauf - Cresaptown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) apoplectic stroke	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterial hypertension	10 years
	(c)	

331X
62.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 41, 19....., to 7-25, 1957, that I last saw the deceased alive on 7-16, 1957, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: 57 Decatur St. DATE SIGNED: 7-30-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 31 1957 | NAME OF CEMETERY OR CREMATORY: St Ambrose Cath. Cem. | LOCATION (City, town, or county) (State): Cresaptown Md.

DATE REC'D BY LOCAL REG.: 7/31/57 | REGISTRAR'S SIGNATURE: [signature] | **24. FUNERAL DIRECTOR** ADDRESS: John J. Hafer Cumberland Md.

RECEIVED
AUG 2, 1951
BUREAU U. S.

Within corporate limits:

M

1

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Fayette St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural, give location) 708 Fayette St.

3. NAME OF DECEASED (Type or Print) (First) Zelda (Middle) Blanche (Last) Kelley
4. DATE OF DEATH (Month) July (Day) 4, (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-23-1902
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Newton, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Lonnie Coulter
14. MOTHER'S MAIDEN NAME Dora Nance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr. Estel C. Kelley Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis Generalized

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno-Carcinoma Breast (Lt.) 2½ yrs

50 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 June, 1951, to 4 July, 1951, that I last saw the deceased alive on 3 July, 1951, and that death occurred at 7⁵⁰ a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Whitewall M.D. 112 Bedford St. 4 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-7-1951
NAME OF CEMETERY OR CREMATORY St. Pauls Luthern Cem.
LOCATION (City, town, or county) (State) Newton, N.C.

DATE REC'D BY LOCAL REG. July 6, 1951
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

RECEIVED
JUL 10 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Frostburg); MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg Md.; STREET ADDRESS (If rural, give location) R.D #2 Gilmans

3. NAME OF DECEASED (Type or Print): (First) Archibald (Middle) (Last) Lemon

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-19-1880

9. AGE last birthday: 70 yrs. If under 1 year: Months 6, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery man

10b. KIND OF BUSINESS OR INDUSTRY: own business

11. BIRTHPLACE (State or foreign country): Northumberland, England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Andrew Lemon, Mt. Savage, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of Rectum

154 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: about 12 - DEC. - 1950

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis ; Angina Pectoris ; Diabetes Mellitus. YRS.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1950, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 8:45 P.M. D.S.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Father Kirk D. 48 Broadway - Frostburg, Md. 7-5-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/4/51

NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park

LOCATION (City, town or county) (State): Frostburg, Md

DATE REC'D BY LOCAL REG.: 7-3-51

REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR: Jacob Hafer

ADDRESS: 23 E. Main Frostburg, Md.

RECEIVED
JUL 8 1931
BUREAU V. S

Within corporate limits
DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near CUMBERLAND, Rural MARYLAND
STREET ADDRESS (If rural, give location) RT.#6 BOX 184 BOWLING GREEN

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) BOY (Last) LEWIS
4. DATE OF DEATH (Month) JULY (Day) 22 (Year) 1951
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) NB.
8. DATE OF BIRTH JULY 17, 1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 5 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) MARYLAND, Cumberland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME CARLSON P. LEWIS
14. MOTHER'S MAIDEN NAME ETHEL M. ISER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (6 1/2 mon.) — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/17/, 1951, to 7/22, 1951, that I last saw the deceased alive on 7/22/, 1951, and that death occurred at 12:25PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Royce Hodges, M.D. ADDRESS Cumberland, Md. DATE SIGNED 7/22/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 23 '51
NAME OF CEMETERY OR CREMATORY Mt Herman Cem
LOCATION (City, town, or county) Cumberland (State) Md
DATE REC'D BY LOCAL REG. July 23, 1951
REGISTRAR'S SIGNATURE Walter R. Frantz M.D.
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland

2 0-7-17-1-20-1-28-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-413

2 lb 14 oz

RECEIVED
JUL 31 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06634

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND LENGTH OF STAY (In this place) 20 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 427 N. Center St.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Sophia-Mac (Last) Mullen

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widow

8. DATE OF BIRTH: June 21-1867

9. AGE last birthday: 84 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hans Anderson

14. MOTHER'S MAIDEN NAME: Elizabeth Meeker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure due to chronic myocarditis

702.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 7-6/51 Amputation of breast, chronic mastitis

(c) 7-14/51 Comminuted fracture (intertrochanteric) left leg and both bones fractured in left forearm.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-6/51

19b. MAJOR FINDINGS OF OPERATION: Amputation of breast, chronic mastitis

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Memorial Hospital (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) July 14/51 10.45 P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒*

HOW DID INJURY OCCUR? Side gates on bed were not up & she rolled out of bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒*, Inquiry ☒* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒*, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H. V. Deming M.D. Cumberland, Md. Aug. 4-1951

23. BURIAL, CREMATION, REMOVAL (Specify) Removal to Burial | DATE THEREOF 7/28/51 | NAME OF CEMETERY OR CREMATORY East Ridgelawn Cem. | LOCATION (City, town, or county) (State) Clifton, N. J.

DATE REC'D BY LOCAL REG Aug 8, 1951 | REGISTRAR'S SIGNATURE Dr. Hunter K. Landy | 24. FUNERAL DIRECTOR Charles L. George, Cumberland, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 302 Arch St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Julia V. MacPhee

4. DATE OF DEATH (Month) (Day) (Year) 7-29-51 19

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 18, 1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Lockhart Pa
12. CITIZEN OF WHAT COUNTRY? Will

13. FATHER'S NAME Patrick Rooney
14. MOTHER'S MAIDEN NAME Mary Fahey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Mary A. Heckler Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Uraemia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral Thrombosis	4 days
(c)		

332X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 29, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 1:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clay Durrett — ADDRESS Cumberland DATE SIGNED 7/30/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-31-51
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. July 30 1951
REGISTRAR'S SIGNATURE Winter A. Frantz M.D.
24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1951
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C686

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WHITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flintstone
STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Ellen (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10, 1920

9. AGE last birthday: 31 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Wiley Ford, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Kertchvalle

14. MOTHER'S MAIDEN NAME: Emma Rockwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ray Miller, Star Rt., Flintstone, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Respiratory Failure — Interval between onset and death: 3 days

744.0 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
156 b (b) Myasthenia Gravis — 6 mo
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Arthur F. Jones M.D. | 110 S. Centre St. | July 20, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 20, 1951 | NAME OF CEMETERY OR CREMATORY: Abe Cemetery | LOCATION (City, town, or county) (State): Mineral Co. W. Va.

DATE REC'D BY LOCAL REG.: July 20, 1951 | REGISTRAR'S SIGNATURE: Winter K. Kantz, M.D. | 24. FUNERAL DIRECTOR: John J. Hoffman | ADDRESS: Cumberland, Md.

RECEIVED
JUL 24 1951

Within corporate limits DRUM AW

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

06637

1. PLACE OF DEATH: COUNTY ALLEGANY CUMBERLAND MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 19 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANCY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELLERSLIE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) MAY (Last) MILLER
4. DATE OF DEATH: (Month) JULY (Day) 9 (Year) 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: SEPT 17 1881
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): PENNA
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: EMANUEL LOWERY
14. MOTHER'S MAIDEN NAME: SARAH, WITT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days.
577X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis, chronic	5 yrs.
	(c) Duodenal obstruction from adhesions	3 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 22, 1951
19b. MAJOR FINDINGS OF OPERATION: Partial duodenal obstruction due to adhesions
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1951, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 11:39 PM., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Cumberland md DATE SIGNED: July 10, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Buriall
DATE THEREOF: 7/13/51
NAME OF CEMETERY OR CREMATORY: Cooks Mill Cemetery
LOCATION (City, town, or county) (State): Hyndman, Pa. RD#1

DATE REC'D BY LOCAL REG.: July 11, 1951
REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR: Harvey H. Ziegler ADDRESS: Hyndman, Pa.

RECEIVED
JUL 17 1931
BUREAU W. S.

Within corporate l...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 144 Polk st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 144 Polk st

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Howard (Last) Miller
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1951
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18, 1883
9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tire Builder
10b. KIND OF BUSINESS OR INDUSTRY: Tire Industry
11. BIRTHPLACE (State or foreign country): Williamsport Pa
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: William G. Miller
14. MOTHER'S MAIDEN NAME: Annie E. Carpenter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 214 07 0475
17. INFORMANT AND ADDRESS: Mrs Bertha Miller Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis of peritoneal, vesical & hepatic structures	One yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to: Perforated carcinoma of sigmoid colon.	13 Months
	(c)	

153X
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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 16, 1950
19b. MAJOR FINDINGS OF OPERATION: Perforated Carcinoma of sigmoid & pelvic abscess
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1950 to July 16, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at ..... m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 115 S. Centre St Cumberland Md 7-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 18/51
NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: July 17, 1951
REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D.
24. FUNERAL DIRECTOR: [illegible] W. Kight
ADDRESS: Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1951
BUREAU T. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Allegany Registration Dist. No. 4

Village or City Cumberland No. 429 Chestnut St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Miller

(a) Residence: No. 429 Chestnut St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 8, 1868

7. AGE Years 83 Months 4 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) [redacted] (State or country) Maryland

FATHER

13. NAME William Yeargon

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Franklin J. Miller (Address) 429 Chestnut St, Cumb. Md

18. BURIAL, CREMATION, OR REMOVAL Trinity Lutheran Com Place Burial Date July 25, 1951

19. UNDERTAKER John J. Hafer (Address) Cumberland, Md.

20. FILED July 24, 1951 Winter R. Frank, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day), 1951 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1951 to July 23, 1951. I last saw her alive on July 21, 1951; death is said to have occurred on the date stated above, at 5:10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hepatitis with jaundice	5 weeks

58 X 126

Other Contributory Causes of importance:

Cholecystitis	[illegible]
Cholelithiasis	years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D.

(Address) 41 [illegible] St. Cumberland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED
JUL 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY OR TOWN Cumberland; LENGTH OF STAY (In this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Cumberland Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY /; CITY OR TOWN Silver Springs; STREET ADDRESS (If rural, give location) 8470 Piney Branch Court

3. NAME OF DECEASED (Type or Print): (First) Lionel; (Middle) J.; (Last) Perrin

4. DATE OF DEATH: (Month) July; (Day) 10; (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 11-1897

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Supervisor for the Nat.Brew.Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cohoes,N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Perrin

14. MOTHER'S MAIDEN NAME: Loretta Trohan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.2

16. SOCIAL SECURITY NO.: 579-16-8866

17. INFORMANT AND ADDRESS: wife) Anne E. Perrin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis also had	?
	(c)	Diabetis mellitus	1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ✱

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✱ Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱ accident __, suicide __, homicide __, undetermined __.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D.	H. V. Deming M.D.	Cumberland,Md.	July 11-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13 1951	Arlington National Cem.	Arlington, Virginia

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 11, 1951	Wm. E. Frantz, M.D.	John J. Hafer	Cumberland, Md.

37-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUL 17 1951
BUREAU V. S.

DR. ELIASON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 55 MINUTES
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMBIA; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 807-10th STREET, N.W.

3. NAME OF DECEASED (Type or Print): (First) LINDA (Middle) JEAN (Last) PHARES

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: June 21 1950

9. AGE last birthday: 1 yrs.
If under 1 year: Months 1 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: BELLA PHARES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Colitis — Interval Between Onset and Death: 3 days.

571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

119a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Complete dehydration

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 1951, to 7-17, 1951, that I last saw the deceased alive on 7-17, 1951, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Eliason M.D. ADDRESS 126 Years St Cumberland Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 19, 1951. | NAME OF CEMETERY OR CREMATORY Harper Cemetery. | LOCATION (City, town, or county) Riverton (State) W. Va

DATE REC'D BY LOCAL REG. July 17, 1951 | REGISTRAR'S SIGNATURE Wintes K. Hartz, M.D. | 24. FUNERAL DIRECTOR J. Blaine Schaffer ADDRESS Petersburg, W. Va.

VS-A 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 8 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital	STREET ADDRESS (If rural, give location) Jackson Street.

3. NAME OF DECEASED (Type or Print) (First) Evelyn	(Middle) May	(Last) Poland	4. DATE OF DEATH (Month) July (Day) 23, (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April, 25, 1917	9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Lonaconing, MD.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Moses		14. MOTHER'S MAIDEN NAME Ethel Grindle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Gibson Poland Husband		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) Surgical Shock	30 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of ilio coecal	
	(c) Valve c. extensive metastases	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 7/23/51	19b. MAJOR FINDINGS OF OPERATION Ca of ilio coecal valve	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at work ☐ Not while at work ☐ —	HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Cumberland	7/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July, 26, 1951	NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	LOCATION (City, town, or county) (State) Moscow MD.
DATE REC'D BY LOCAL REG. July 24, 1951	REGISTRAR'S SIGNATURE Wrater R. Hantz M.D.	24. FUNERAL DIRECTOR M. Eichhorn	ADDRESS Lonaconing, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06643

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) Blvd. Apts. Kelly Blvd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Purl

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 18, 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Owner

10b. KIND OF BUSINESS OR INDUSTRY: Insulation business

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James B. Purl

14. MOTHER'S MAIDEN NAME: Elizabeth Ellingsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Jeannette Bonig Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration — Interval between onset and death: ?

443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension — ?

7d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1951, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George M Ware M.D Cumberland Md 7/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/9/51

NAME OF CEMETERY OR CREMATORY: St. Luke's Cemetery

LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: July 9, 1951

REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR: H. Wayne George ADDRESS: Cumberland, Md.

V. 24

RECEIVED
JUL 17 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

16644

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Old Town
LENGTH OF STAY (in this place) 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural, near road route #51 1.1/2 miles west of Old Town

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Old Town
STREET ADDRESS (If rural, give location) Route 1-R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) E. (Last) Rawlings
4. DATE OF DEATH (Month) July (Day) 9 (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 3-1900
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest helper, Bolt&
10b. KIND OF BUSINESS OR INDUSTRY forge, B&O.R.Ry
11. BIRTHPLACE (State or foreign country) Barton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert W. Rawlings
14. MOTHER'S MAIDEN NAME Lillie A. Whitmyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-05-5644
17. INFORMANT AND ADDRESS Daughter) Mrs Allen, Green Spring W.Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion due to	at once
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis	?
94a	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident , suicide , homicide , undetermined*

SIGNATURE H.V. Deming M.D. (Degree or title) H. V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED July 9-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 12, 1951 NAME OF CEMETERY OR CREMATORY Oldtown Cem. LOCATION (City, town, or county) (State) Oldtown, Maryland

DATE REC'D BY LOCAL REG. July 11, 1951 REGISTRAR'S SIGNATURE Mrs. Sue C. Ginevan 24. FUNERAL DIRECTOR Charles L. George, ADDRESS Cumberland, Md.

7/12/51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

T

RECEIVED
JUL 18
BUREAU

R. McLane

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eckhart
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eckhart
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) (Last) REPHANN

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 1-4-1866

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Eckhart, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Rephann

14. MOTHER'S MAIDEN NAME: Mary Lydinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Victor Rephann, Eckhart, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Myocarditis — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 6:30 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title): W O McLane M D — ADDRESS: Frostburg Md — DATE SIGNED: 7-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-30-51 — NAME OF CEMETERY OR CREMATORY: Eckhart Cemetery — LOCATION (City, town, or county) (State): Eckhart, Md.

DATE REC'D BY LOCAL REG. 7-30-51 — REGISTRAR'S SIGNATURE: Mrs Nancy H. Roe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

RECEIVED
JUL 31 1951
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

06646

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 N. Allegany St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 121 N. Allegany St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bertha	Rosella	Rhoades	July	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
F	W	Widowed	Sept. 30, 1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Private home	Louden Co., Va.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Nicewarner	Hattie Bel Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	Mrs. Natalie MacFarlane, Cumb., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis	Unknown
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Cumberland	Alleg.	Md

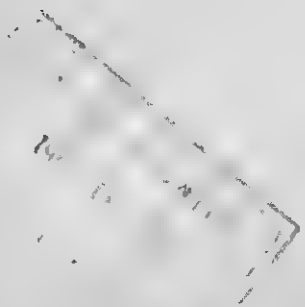
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Cumberland Md DATE SIGNED 7/29/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/29/51	Rose Hill Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29, 1951	Hunter K. Mantz, M.D.	H. Wayne George	Cumberland, Md.



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 116 Paca St.

3. NAME OF DECEASED (Type or Print): (First) Tobitha (Middle) (Last) Ryan

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-2-1860

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Tucker Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Solomon Parsons

14. MOTHER'S MAIDEN NAME: Mary Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Okie Ryan Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fractured hip

(c)

(I84.0 / 186)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): 6 15 1951 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell Down

22. I hereby certify that I attended the deceased from ....., 19..., to 7/23/51, 19..., that I last saw the deceased alive on 7/23/51, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John K Rogers M D — ADDRESS: 305 Bradley Ave Cumberland (Md.) — DATE SIGNED: 7/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-26-1951 — NAME OF CEMETERY OR CREMATORY: HillCrest Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: July 24, 1951 — REGISTRAR'S SIGNATURE: Hunter R Beatty, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George Cumberland, Md.

JUL 31 1957
U.S. BUREAU

DR. WEISMAN

...corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06648

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (in this place) 6 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location) 422 NORTH MECHANIC ST.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LLOYD J.		RYLAND	JULY	8,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	4/26/1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED Chauffeur Private Individual		MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LLOYD JOSEPH RYLAND	MARGARET BRODIGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW #1	220-10-7936	MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Thrombosis	2 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b)	Intracerebral Hemorrhage	1 year
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 19 51, to July 8, 19 51, that I last saw the deceased alive on July 7, 19 51, and that death occurred at 8:28 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A Weisman MD		59 Greene St	Cumberland July 8, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-10-1951	St. Patricks Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 9, 1951	Walter R. Hantz M.D.	Charles L. George	Cumberland, Md.

VS. A15

2826

RECEIVED
JUL 17 1951
BUREAU V. S.

Within corp. DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH — COUNTY: ALLEGANY CUMBERLAND MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND ALLEGANY COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND [redacted]
STREET ADDRESS (If rural, give location): Route #5, Box 448

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): GARRETT SMITH
4. DATE OF DEATH (Month) (Day) (Year): JULY 23 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 4, 1876
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LONNIE SMITH
14. MOTHER'S MAIDEN NAME: VIRGINIA PARKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — ?

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anuria — 2 days

131a (c) Cardiovascular Renal disease — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Diffuse Glomerular Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 23, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 3:40 A. m., from the causes and on the date stated above.

SIGNATURE: Sandell Jacobson (Degree or title) MD — ADDRESS: 50 Bishop St. — DATE SIGNED: 7/24/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 25, 1951
NAME OF CEMETERY OR CREMATORY: Porter Cemetery
LOCATION (City, town, or county) (State): Fords Mill, Pa.

DATE REC'D BY LOCAL REG.: July 25, 1951
REGISTRAR'S SIGNATURE: Winter L. Kenny, M.D.
24. FUNERAL DIRECTOR: Louis Stein, Inc. — ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
JUL 31 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH COUNTY: Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): 38 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 209 Mary St.	STREET ADDRESS (If rural, give location): 209 Mary St.

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Ruben	(Last) Smith	4. DATE OF DEATH	(Month) July (Day) 26 (Year) 1951
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: May 30, 1884	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Helper	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (State or foreign country): Moorefield, W. Va	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Ruben Smith	14. MOTHER'S MAIDEN NAME: Margaret Evans				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs. Laura Smith, 209 Mary St.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

4201

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to July 26, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 6:15a. m., from the causes and on the date stated above.

SIGNATURE: Clay R. Durrett (Degree or title) M.D. — ADDRESS: Cumberland — DATE SIGNED: July 26, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 28, 1951	Hillcrest Burial Park	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27, 1951	Winter R. Frantz, M.D.	[illegible]	Cumberland, Md.

JUL 31 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06651

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. 2, Frostburg,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) PALMER (Middle) (Last) SPERRY

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-9-1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired miner

10b. KIND OF BUSINESS OR INDUSTRY: coal mines

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Sperry

14. MOTHER'S MAIDEN NAME: Dora Aultmiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-10-1432

17. INFORMANT AND ADDRESS: Mrs. Melinda Sperry, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1951, to July 26, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm Cline MD — ADDRESS: Frostburg Md — DATE SIGNED: 7-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-28-1951 — NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE FILED BY LOCAL REG. 7-28-51 — REGISTRAR'S SIGNATURE: Mrs. Nancy N Roe — 24. FUNERAL DIRECTOR: J. R. Durst, Frostburg, Md. — ADDRESS

RECEIVED
JUL 31 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

00652

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 81 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 545 N. Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 545 N. Center St

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Swach

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 8, 1857
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Retired
10b. KIND OF BUSINESS OR INDUSTRY B & O Railroad
11. BIRTHPLACE (State or foreign country) Bohemia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not known
14. MOTHER'S MAIDEN NAME Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Anna Simmons, 545 N. Center St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH 2 years

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1951 to 7-6, 1951 that I last saw the deceased alive on 7-5, 1951 and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE J. Johnson Jr. (Degree or title) M.D. ADDRESS Cumberland Md DATE SIGNED 7-8-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9, 1951
NAME OF CEMETERY OR CREMATORY Sts. Peter & Pauls Cemetery
LOCATION (City, town, or county) Cumberland, (State) Md.

DATE REC'D BY LOCAL REG. July 9, 1951
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU W. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

UC653

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (this place) 30 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 419 Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Manatee
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradenton
STREET ADDRESS (If rural, give location) 1315 - 21st St W.

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) Douglas (Last) Taylor

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 17 1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Mngr. (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Pa. R. R.
11. BIRTHPLACE (State or foreign country) Millersburg, Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harvey Taylor
14. MOTHER'S MAIDEN NAME Annie Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Porter Collins Cumb'd Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH Several days

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

108

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2-, 1951, to 7-11-, 1951, that I last saw the deceased alive on 6-6-, 1951, and that death occurred at 5 30 A.m., from the causes and on the date stated above.

SIGNATURE W. L. Williams (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 7-11-51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial
DATE THEREOF 7/11/51
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) Akron (State) Ohio

DATE REC'D BY LOCAL REG. July 11, 1951
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md

17 1951
BUREAU V. S.

With corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 57 Blackiston Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 57 Blackiston Ave.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Ann (Last) Valentine

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 11, 1945

9. AGE last birthday: 6 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Raymond Valentine

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Bealley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Raymond Valentine, 57 Blackiston Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Wilms Tumor

180X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 19 51, to 7/30, 19 51, that I last saw the deceased alive on 7/30, 19 51, and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE: Thomas Robinson (Degree or title) M.D. ADDRESS: 132 S. Liberty St Cumberland Allegany Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 2, 1951 | NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery | LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG.: Aug 2, 1951 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: John J. Hafer ADDRESS: Cumberland Md

RECEIVED
MAR 9 1951
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06055

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 35yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 7 E. First St.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Abishia (Last) Van Meter
4. DATE OF DEATH (Month) 7/17/51 (Day) (Year) 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 30, 1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Martinsburg, W.Va.
12. CITIZEN OF WHAT COUNTRY Ask

13. FATHER'S NAME Charles S. Van Meter
14. MOTHER'S MAIDEN NAME Mary A. Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 705-12-4625
17. INFORMANT AND ADDRESS Dora M. Van Meter Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Failure c̄ pulmonary Edema 2 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Disease c̄ Insufficiency ?

94a (c) Myocardial disease ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1949, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 12.40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Jackson Lab
ADDRESS 50 Pershing St Cumberland Md
DATE SIGNED 7/18/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/20/51
NAME OF CEMETERY OR CREMATORY Green Hill Cem
LOCATION (City, town, or county) (State) Martinsburg, W.Va.

DATE REC'D BY LOCAL REG. July 18, 1951
REGISTRAR'S SIGNATURE Winter R. Hartz M.D.
24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

RECEIVED
JUL 24 1951
BUREAU

06656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 503 Linden St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 503 Linden St.,

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) ELIZABETH (Last) WAGNER
4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec. 1, 1867	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Romershausen, Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Conrad Vogtmann
14. MOTHER'S MAIDEN NAME: Katherine E. Konig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Oscar J. Wagner Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Disease

42a.1 Bd

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 July, 19 51, to 29 July, 19 51, that I last saw the deceased alive on 26 July, 19 51, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): James D. Stegmaier, M.D. ADDRESS: Cumberland, Md. DATE SIGNED: 30 July 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/31/51	St. Lukes Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.: July 30, 1951
REGISTRAR'S SIGNATURE: Minter K. Hartz, M.D.
24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

RECEIVED
AUG 3 1951
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) 17 Church St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Martin	J.	Walsh	7	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4-2-70	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher, Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Walsh
14. MOTHER'S MAIDEN NAME: Mary Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Loretta Walsh Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute Myocardial Failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Sclerosis	3 yrs
(c)		

420.1
140

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones M.D.		110 S. Centre St.	July 31, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 1st, 1951	St. Marys Cemetery	Lonaconing MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug 1, 1951	Hunter C. Beatty M.D.	M. Eichhorn Lonaconing, MD.

RECEIVED
AUG 8 1951
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6658

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 412 N. Centre st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 412 N Centre st

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Walter (Last) Webster

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/12/1880

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Wall Paper store
INDUSTRY OR BUSINESS Selling Wall Paper

11. BIRTHPLACE (State or foreign country) Westminster Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Webster

14. MOTHER'S MAIDEN NAME Julia (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 236-50-0115

17. INFORMANT AND ADDRESS Robert Webster Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Heart disease

92b (c) Mitral Lesion

INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour; several years; several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1951, to July 3, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE Alan G. Nemra (Degree or title) M.D. ADDRESS 41 Green St Cumberland Md DATE SIGNED July 3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/5/1951

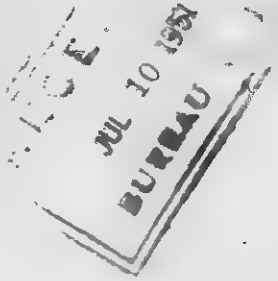
NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. July 5, 1951

REGISTRAR'S SIGNATURE Winter L. Wantz, M.D.

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland Md


JUL 10 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6659

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct item is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

VS-A15A

1. PLACE OF DEATH: COUNTY Allegany ~~County~~ Dist. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) Life-; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Jail

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Alleg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland-; STREET ADDRESS (If rural, give location) 1309 Frederick St-

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Lewis (Last) Widdows

4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 2/22/10

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Cumberland, Md-

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: James Edgar Widdows

14. MOTHER'S MAIDEN NAME: Daisy E Walker-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-15-4144

17. INFORMANT AND ADDRESS: Sister-Violet Karns 1309 Frederick St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 hrs.-

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism-

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —

(CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md-

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 7/23/51

BURIAL, CREMATION OR REMOVAL: Burial DATE THEREOF 7/26/51 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. July 25 1951 REGISTRAR'S SIGNATURE [signature] FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland Md

41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 3.5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Armstrong St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 77 Armstrong St.

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) (Last) Williams

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 16-1883

9. AGE last birthday: 68 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Boettner

14. MOTHER'S MAIDEN NAME: Emma Rutling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs June Ruke, Frostburg, Md. 77 Armstrong St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cerebral hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11, 1951, to 7-11, 1951, that I last saw the deceased alive on 7-11, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. L. Wiseman M.D. ADDRESS: Frostburg DATE SIGNED: 7-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7-14-1951; NAME OF CEMETERY OR CREMATORY: Frostburg Mem.; LOCATION (City, town, or county) (State): Frostburg Md.

DATE REC'D BY LOCAL REG. 7-14-51; REGISTRAR'S SIGNATURE: Mrs Nancy Poe; FUNERAL DIRECTOR: Jacob Hafer; ADDRESS:

RECEIVED
JUL 18 19[illegible]
BUREAU V. S.

Within corporate limits

DR. RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH — COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND — LENGTH OF STAY (in this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: WEST VIRGINIA — COUNTY: Hardy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MOOREFIELD
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) GIRL (Last) WRIGHT
4. DATE OF DEATH: (Month) JULY (Day) 28, (Year) 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 7/26/1951
9. AGE last birthday: yrs. — If under 1 year: Months, Days 2 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: GLENN H. WRIGHT
14. MOTHER'S MAIDEN NAME: MARJORIE L. EVANS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL- CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 31 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 J, 1957, to 28 July, 1951, that I last saw the deceased alive on 27 July, 1951, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Leland H. Ransom MD — ADDRESS: 63 Greene St. Ave. — DATE SIGNED:

23. BURIAL, ~~CREMATION~~ REMOVAL ~~(Specify)~~: Burial — DATE THEREOF: 7/29/51 — NAME OF CEMETERY ~~OR CREMATORY~~: Mun Burial — LOCATION (City, town, or county) (State): Moorefield, Md.

DATE REC'D BY LOCAL REG.: July 29, 1951 — REGISTRAR'S SIGNATURE: Winter R. Hantz, M.D. — 24. FUNERAL DIRECTOR: P. E. Thrush & Son — ADDRESS: Moorefield, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06662

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. O. Box 106

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart
STREET ADDRESS (If rural, give location) P. O. Box 106

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Simon (Last) Wright

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1-7-1877
9. AGE last birthday Age 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY B. & O. R. R. Co.
11. BIRTHPLACE (State or foreign country) Conaconing, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John H. Wright
14. MOTHER'S MAIDEN NAME Hannah Bowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 705-09-3411
17. INFORMANT AND ADDRESS James W. Wright, Eckhart, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 6 mo

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1951 to July 12, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE W. O. McLane MD (Degree or title) ADDRESS Frostburg Md DATE SIGNED 7-13-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-15-1951
NAME OF CEMETERY OR CREMATORY Eckhart Cemetery
LOCATION (City, town, or county) Eckhart, Md. (State)

DATE REC'D BY LOCAL REG. 7-19-51
REGISTRAR'S SIGNATURE Mrs J. M. Price Acting
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg Md. ADDRESS

501506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 23 1951
BUREAU V. S.

Within corporate limits

78

PM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06663

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeley
STREET ADDRESS (If rural, give location) 6 Lyon St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Wm. (Last) Zollner
4. DATE OF DEATH (Month) (Day) (Year) July 3, 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-6-1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Paw Paw, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John T. Zollner
14. MOTHER'S MAIDEN NAME Delia Mencer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~Unknown~~ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Ethel Zollner Ridgeley, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Infarct R Base Lung several days

501X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis

106c (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1951, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
F. Alan G. Murray Mtr Cumberland Md July 5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-5-1951
NAME OF CEMETERY OR CREMATORY Davis Memorial
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. July 5, 1951
REGISTRAR'S SIGNATURE Nestor R Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

583246

RECEIVED
JUL 10 1951
BUREAU V. A.